**2016
Major Automated Information System
Annual Report**

Joint Operational Medicine Information Systems (JOMIS)

Defense Acquisition Management
Information Retrieval
(DAMIR)

Table of Contents

Common Acronyms and Abbreviations for MAIS Programs

Acq O&M - Acquisition-Related Operations and Maintenance
ADM - Acquisition Decision Memorandum
AoA - Analysis of Alternatives
ATO - Authority To Operate
APB - Acquisition Program Baseline
BY - Base Year
CAE - Component Acquisition Executive
CDD - Capability Development Document
CPD - Capability Production Document
DAE - Defense Acquisition Executive
DoD - Department of Defense
DoDAF - DoD Architecture Framework
FD - Full Deployment
FDD - Full Deployment Decision
FY - Fiscal Year
IA - Information Assurance
IATO - Interim Authority to Operate
ICD - Initial Capability Document
IEA - Information Enterprise Architecture
IOC - Initial Operational Capability
IP - Internet Protocol
IT - Information Technology
KPP - Key Performance Parameter
$M - Millions of Dollars
MAIS - Major Automated Information System
MAIS OE - MAIS Original Estimate
MAR – MAIS Annual Report
MDA - Milestone Decision Authority
MDD - Materiel Development Decision
MILCON - Military Construction
MS - Milestone
N/A - Not Applicable
O&S - Operating and Support
OSD - Office of the Secretary of Defense
PB - President's Budget
RDT&E - Research, Development, Test, and Evaluation
SAE - Service Acquisition Executive
TBD - To Be Determined
TY - Then Year
U.S.C- United States Code
USD(AT&L) - Under Secretary of Defense for Acquisition, Technology, & Logistics

Program Information

Program Name

Joint Operational Medicine Information Systems (JOMIS)

DoD Component

DoD

The acquiring DoD Component is Program Executive Office (PEO) Department of Defense (DoD) Healthcare Management Systems (DHMS) for Defense Health Agency (DHA).

Responsible Office

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References

MAIS Original Estimate

This investment does not have an approved program baseline; therefore, no Original Estimate has been established.

Program Description

The JOMIS Program will modernize, deploy, and sustain the Department of Defense's (DoD's) operational medicine information systems by fielding the DoD Modernized Electronic Health Record (EHR) solution while developing and fielding new theater capabilities to enable comprehensive health services to deployed forces across the range of military operations. The JOMIS Program is under the executive management and oversight of the Office of the Under Secretary of Defense for Acquisition, Technology and Logistics (OUSD (AT&L)) and the Program Executive Office (PEO) Defense Healthcare Management Systems (DHMS).

Operational medicine is the application of routine and emergency medical practices in complex dynamic environments, such as U.S. Navy ships, hospital ships, submarines, theatre hospitals, and forward resuscitative sites worldwide in order to maintain the health of military personnel. Operational medicine services include, but are not limited to, preventive, routine, emergency, surgical, en-route care, and diagnostic care. Operational medicine systems provide Commanders and medical professionals with integrated, timely, and accurate information to make critical decisions. When implemented, the systems are intended to function in constrained, intermittent, and non-existent communications environments while providing access to authoritative sources of clinical data. JOMIS will provide an end-to-end software solution to support the medical business practices and operational medicine capabilities in deployed environments.

Today, operational medicine capabilities in deployed environments are supported by the Theater Medical Information Program – Joint (TMIP-J) Program. TMIP-J is a systems framework that integrates components of the Military Health System (MHS) sustaining base systems and the Services´ medical information systems to ensure timely interoperable medical support for mobilization, deployment, and sustainment of all Theater and deployed forces. TMIP-J consists of 11 software components and is planned to transition into sustainment in early 2016. The current footprint of the TMIP-J software is: Army – 493 deployed sites; Air Force – 30 deployed sites; Navy – 51 deployed sites; Marine Corps – 6 deployed sites.

The operating environment for the JOMIS Program includes an estimated 450+ Forward & Resuscitative Sites, 300+ Ships, 2 Hospital Ships, 6 Theater Hospitals and 3 Aeromedical Staging units. There is often low/intermittent or no communications in this operating environment.

The first release of the JOMIS software, "JOMIS Release 1", comprises of the testing and fielding of the Cerner Millennium Best of Suite (BoS) EHR solution and the Henry Schein's Dentrix Best of Breed (BoB) solution acquired by the DoD Healthcare Management System Modernization (DHMSM) program for Health Care Delivery (HCD) capabilities. JOMIS future release(s) will acquire software to meet operational medicine requirements capabilities in the following areas: Medical Logistics, Medical Situational Awareness, Medical Command and Control, and Patient Movement.

The goals of the program are to:

- Meet existing and emerging operational medicine requirements in the theater

- Fully leverage the EHR solution configuration for care in theater

- Provide two way information flow between garrison and theater

Business Case

Business Case Analysis, including the Analysis of Alternatives: The DoD medical mission, executed by the MHS, is designed to provide a continuum of health services across the full range of military operations to create and sustain a healthy, fit, and protected force, and care for ill and injured warriors. Specifically, the MHS desires an EHR and health information exchange (HIE) that facilitates an evolving integrated healthcare delivery network and grows stronger partnerships with the Department of Veterans Affairs (VA) and healthcare partners in the civilian sector, both national and international. As such, all partners in the healthcare delivery network must have access to longitudinal health records with relevant and accurate information, including semantically standardized and computable data elements and clinical decision support that are presented in meaningful ways to support clinical management of patients and populations.

DoD provides and maintains readiness for medical services and support to: members of the Armed Forces across the full range of military operations; their family members; those held in the control of the Armed Forces; and others entitled to or eligible for DoD medical care and benefits in military treatment facilities and under the TRICARE Program. The MHS supports the operational mission by fostering, protecting, sustaining, and restoring health. The following approved documents provide the foundation for requirements:

- The Health Readiness Concept of Operations, January 21, 2010;

- The Health Service Delivery Concept of Operations, February 22, 2011;

- The Health System Support Concept of Operations, February 22, 2011;

- The Force Health Protection Concept of Operations, November 17, 2011; and

- Joint Publication 4-02, Health Service Support, July 26, 2012.

The Analysis of Alternatives (AoA) was conducted in three phases. The Phase III analysis, conducted by the Office of Cost Assessment and Program Evaluation between February 2013 and March 2013, resulted in the decision to acquire a replacement for the DoD legacy healthcare systems, including but not limited to, AHLTA, CHCS, and the EHR component of TMIP-J. This analysis also informed the June 21, 2013 SECDEF memorandum mandating that the DoD pursue the purchase of a competitive solution to meet the business need for an EHR System. The Phase III analysis validated that commercial EHR alternatives could offer reduced cost, schedule, and technical risks, and access to an increased current capability with the possibility of future growth of capabilities by leveraging ongoing advances in the commercial marketplace.

Firm, Fixed-Price Feasibility: The determination of contract type will be based on risks associated with the estimated cost of satisfying the requirements. When making the selection of contract type to execute the program's next acquisition phase, the MDA will choose between fixed-price and cost-type contracts consistent with the level of cost and technical risk associated with the effort.

Independent Cost Estimate: The program has not experienced a Critical Change which would induce the independent cost estimate required by 10 U.S.C. 2334(a)(6).

Certification of Business Case Alignment; Explanation: The JOMIS program has just received MDA approval for its initial Acquisition Strategy. Therefore, it is premature to certify that the technical and business requirements have been reviewed and validated to ensure alignment with the JOMIS Acquisition Strategy and supporting acquisition documents.

Program Status

No Baseline: This <small>Automated Information System</small> Investment has not yet been baselined. The information provided herein is appropriate to the current status of the program. No Original Estimate is being established by this report.

On December 23, 2014: USD(AT&L) approved establishing the Joint Operational Medicine Information System Program Office.

On November 19, 2015: USD(AT&L) approved the JOMIS Acquisition Strategy (AS).

Schedule

This investment does not have an approved program baseline. Therefore, the information provided here does not constitute an Original Estimate.

Memo

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Performance

This investment does not have an approved program baseline. Therefore, the information provided here does not constitute an Original Estimate.

No Key Performance Parameters have been approved for JOMIS.

Funding

This investment does not have an approved program baseline. Therefore, the information provided here does not constitute an Original Estimate. The following funding data is extracted from the FY 2017 President's Budget documentation.

JOMIS				
Fiscal Year	**RDT&E (TY $M)**	**Procurement (TY $M)**	**MILCON (TY $M)**	**Acq O&M (TY $M)**
2016	0.0	0.0	0.0	16.2
2017	22.1	2.4	0.0	11.1
2018	22.2	77.4	0.0	16.2
2019	22.6	75.7	0.0	17.6

1. The ACQ O&M reported in the table above does not include $68.2M of O&M for Operations & Sustainment across the FYDP.
2. TMIP-J FY16 RDT&E funding of $22.1M and FY16 PROC funding of $1.5M will be reprogrammed to JOMIS.